Complete Summary

TITLE

Care for older adults (COA): percentage of adults 65 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment and pain screening.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of adults 65 years and older who had each of the following during the measurement year: advance care planning, medication review, functional status assessment and pain screening.

Note from the National Quality Measures Clearinghouse (NQMC): For this measure, there are both Administrative and Hybrid Specifications. This NQMC measure summary is based on the Administrative Specification. Refer to the original measure documentation for details pertaining to the Hybrid Specification.

RATIONALE

According to the 2000 U.S. Census report, there were 35 million people over the age of 65 in the year 2000--a 12-fold increase since 1990. The most rapid growth over the last decade occurred in the population 85 years of age and older, with a 38 percent increase to 4.2 million people. As the elderly population ages, physical function decreases, pain increases and cognitive ability can decrease. With this, older adults become increasingly more depressed or have medication regimens of increased complexity. As people age, consideration should be given to their choices for end-of-life care and an advance care plan should be executed. Assessing functional status and pain, medication review and advance care planning can ensure that older adults receive comprehensive care that prevents further health status decline and considers their wishes.

Functional status assessment. Screening of elderly patients is effective in identifying functional decline. Physical ability is an important indicator for health and well being in old age as it decreases with age. Physical functional decline is often an initial symptom of illness in older people, and early detection of functional decline will allow for earlier treatment or intervention.

Pain screening. Pain is also a frequent symptom of illness and disease in older ambulatory and hospitalized patients. Elderly individuals are more likely to have arthritis, bone and joint disorders, cancer and other chronic disorders associated with pain. Additionally, the consequences of under treating pain can have a negative effect on the health and quality of life in the elderly with the onset of depression, anxiety, reduced socialization, sleep disturbances and impaired mobility. The American Geriatrics Society (AGS) Panel on Persistent Pain in Older Adults (2002) suggests that a healthcare professional should assess the patient for evidence of persistent pain, on initial presentation or admission to any healthcare service.

Advance care planning. As people age, consideration should be given to their treatment wishes in the event that they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance directives are widely recommended as a strategy to improve compliance with patient wishes at the end of life and thereby ensure appropriate use of health care resources. There is expert consensus on the need for advance directives, as well as a regulatory mandate, but only 15 percent to 25 percent of adults complete them, usually after a serious illness or hospitalization. It has been found that most adults would prefer to discuss advance directives while they are well, preferable with a doctor who has known them over time. Most say they look to their doctors to initiate the discussion.

Medication review. The vast majority of older adults takes medications to address at least three or more chronic conditions. Many have multiple prescribing physicians and use more than one pharmacy, necessitating regular review of medications. The Task Force on Medications Partnership recommends that all community-dwelling older adults have a medication review performed at least yearly.

A medication list should include prescriptions and over-the-counter (OTC) medications (including herbals, supplements), dose, frequency, and reason for taking the medication. Poor medication management can lead to adverse drug

events, drug overdoses and underutilization of drugs, all of which can result in increased hospitalization.

PRIMARY CLINICAL COMPONENT

Older adults; advance care planning; medication review; functional status assessment; pain screening

DENOMINATOR DESCRIPTION

Medicare SNP members 66 years and older as of December 31 of the measurement year (see the "Description of Case Finding" field in the Complete Summary)

NUMERATOR DESCRIPTION

Members from the denominator who had each of the following during the measurement year:

- Advance care planning
- Medication review
- Functional status assessment
- Pain screening

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicare
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 65 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicare SNP members 66 years of age and older as of December 31 of the measurement year who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Medicare SNP members 66 years and older as of December 31 of the measurement year

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Members from the denominator who had each of the following during the measurement year:

- Advance care planning: Evidence of advance care planning (refer to Table COA-A in the original measure documentation for codes to identify advance care planning)
- Medication review: At least one medication review conducted by a prescribing practitioner or clinical pharmacist (refer to Table COA-B in the original measure documentation for codes to identify medication review) and the presence of a medication list in the medical record, as documented through administrative data (refer to Table COA-C in the original measure documentation for codes to identify medication list)
- Functional status assessment: At least one functional status assessment (refer to Table COA-D in the original measure documentation for codes to identify functional status assessment)
- Pain screening: At least one pain screening or pain management plan (refer to Table COA-E in the original measure documentation for codes to identify pain screening)

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Care for older adults (COA).

MEASURE COLLECTION

HEDIS® 2010: Health Plan Employer Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Prevention and Screening

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Jul

REVISION DATE

2009 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2010: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2009 Jul. 417 p.

MEASURE AVAILABILITY

The individual measure, "Care for Older Adults (COA)," is published in "HEDIS® 2010. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 10, 2009. The information was verified by the measure developer on May 29, 2009. This NQMC summary was updated by ECRI Institute on January 15, 2010.

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